

**FORUM OF ESRD NETWORKS**  
**CMS / EDAC / FORUM LEADERSHIP CALL**  
**NOTES**

WEDNESDAY, APRIL 22, 2020  
4:00 PM ET

**FORUM EXECUTIVE COMMITTEE MEMBER ATTENDEES:** *(those highlighted are confirmed as attending)*

**Ralph** Atkinson, MD – President  
**Don** Molony, MD – Past-President  
**David** Henner, DO – President-Elect & MAC Chair  
**Chris** Brown – Secretary  
**Stephanie** Hutchinson, MBA – Treasurer  
**Derek** Forfang - KPAC Co-Chair  
**Brandy** Vinson – EDAC Chair  
**Natasha** Avery – EDAC Vice-Chair  
**Andrew** Howard, MD, FACP – Board Member  
**John** Wagner, MD – Board Member  
**Danielle** Daley, Network 1  
Sue Caponi, Network 2  
**Shannon** Wright, Network 6  
Helen Rose, Network 7, 15, 17  
**Vicky** Cash, Network 9  
**Audrey** Broaddus, Network 10  
Diane Carlson, Network 11  
**Stephanie** Smith, Network 12  
**Linda** Duval, Network 13  
**Mary** Albin, Network 14  
**Dee** LeDuc - Forum Staff

**CMS ATTENDEES:** *(those highlighted are confirmed as attending)*

Anita Monteiro – Acting Group Director, iQIIG  
**Paul** McGann - Chief Medical Officer for QI, iQIIG  
**Shalon** Quinn – Acting Director, Div of Kidney Health, iQIIG  
**Melissa** Dorsey – Acting Dep Dir, Div of Kidney Health, iQIIG  
**Jesse** Roach, MD – Medical Officer, CMS  
**Ekta** Brahmhatt – QSOG, CMS  
Todd Johnson – Acting Regional Program Mgr, Div of Kidney Health, iQIIG  
Renee Dupee – Director, Div of Strategic Innovation, Evaluation & Communication, iQIIG

The meeting convened at 4:00 pm ET

Ms. Quinn shared that CMS has been fielding many questions from the kidney community and reviewing letters from the Forum. She welcomed attendees and acknowledged the opportunity to discuss the issues brought forward to CMS in the Forum letter dated 04/17/2020.

**Transportation of COVID + Patients:**

- Ms. Quinn reported that CMS continues to work with the Assistant Secretary for Preparedness and Response (ASPR) and the Federal Emergency Management Agency (FEMA) to address this issue. She inquired about whether there is quantifiable data to help understand the scope and location of the problems, i.e. how many patients have been affected, to support additional direction from CMS.
- Networks have been contacting CMS to report Network-specific incidents and CMS is responding directly to these situations as they are able, to aid patients and connect them with the needed transportation services. CMS has also been sending information to the States, providing information about federal funding for

transportation. With specific issues regarding Medicaid refusals, CMS has worked directly with those teams to triage individually.

- The Networks have been collecting this information and facilities can report concerns to their local Network. The Networks can then forward the information to CMS and ASPR.
- Dr. Molony offered the assistance of the Forum to help disseminate information into the community.
- Ms. Quinn reported that CMS is hosting a stakeholder call on 4/22 and this topic will be discussed at that time.

#### **Shortage of CRRT Fluids & Supplies:**

- Dr. Roach acknowledged that CMS has been working on this issue. He reported that Baxter is running at 5x capacity and CMS has secured some fluids from Europe as they can spare it. CMS is working with the FDA to potentially bring in additional fluids not typically marketed, seeking emergency approval to do so.
- Forum leaders inquired about whether these fluids and machines are part of the strategic stockpile and, if not, should they be so they can be allocated more efficiently where needed in the country? Leaders also inquired about the use of the Tablo machines.
- Dr. Roach reported that Tablo machines are being deployed to NY and that no fluids were included in the strategic reserve that he is aware of. Fresenius is sharing fluids that were in their surplus and potentially has machines not in the strategic stockpile. He will bring the topic of stockpiling fluids, to ASPR and FEMA for consideration.
- Mr. Forfang shared that several patients he has talked to, report that their home/PD supplies are being dropped at the doorstep and not brought into their homes if the patient is COVID+. This presents a challenge for some patients who are not able to move the heavy boxes themselves. Could CMS or CDC provide some education/guidance about how deliveries can be brought into the homes of COVID+ patients using universal precautions?
- Ms. Quinn will take this back to her team and triage the issue.
- Dr. Molony noted that patients who have had AKI and are released home should have the ability to start home dialysis and the limitation of supplies would make that more difficult.

#### **Nursing Shortage:**

- ANNA recently launched a tool to help address nursing shortages and place available nurses in areas of need. <https://www.annanurse.org/covidhelp>
- Telehealth waivers are not currently available for nurses but if there are extraordinary circumstances, facilities are encouraged to contact their state agencies to request assistance.
- The COVID-19 Workforce Virtual Toolkit: Resources for Healthcare Decision-Makers Responding to COVID-19 Workforce Concerns has also recently been released by HHS/ASPR. <https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit>

#### **Vascular Access:**

Ms. Quinn reported that CMS has released a statement that vascular access surgery is an essential surgery, however, this statement has not been published and CMS recognizes surgeons may be hesitant to perform surgeries dependent on the prevalence of the virus in their areas. Dr. Roach inquired about the community experience and asked the Network/Forum leadership to quantify what they are seeing in their regions to support more formal guidance from CMS.

#### **Variability in Infection Control Surveys:**

Ms. Brahmhatt reported they have been receiving concerns regarding infection control surveys taking place in dialysis facilities. Steps have been taken to prioritize surveys to allow facilities to respond and states have limited surveys to cases with immediate jeopardy and infection control issues. It is the goal of state survey agencies to not negatively affect dialysis facility operations and guidance was issued to surveyors, in particular, when they are doing infection control surveys. This includes limiting the number of days on site, limiting the number of surveyors entering facility, and streamlining the survey process. Surveyors have also been instructed that if they were unable to meet PPE expectations to safely perform the survey, then they should not enter the facility. State survey agencies will continue infection

control surveys until notified by CMS to cease. Facilities who have complaints or concerns, have been instructed to contact their Regional CMS office to report and discuss.

**Additional concerns, not included in the 4/17/20 Forum letter, brought forward by Network/Forum Leadership:**

**Data reporting at the national level:**

Networks are concerned about the lack of reporting by some dialysis facilities on the national level, is this reporting required? Ms. Quinn acknowledged the KCER data is very important to track and be available to help with planning. CMS will be meeting with some dialysis facilities who have expressed reluctance to report; to identify why there is a reluctance and work through those concerns.

**Adding a box on the patient attribute page in EQRS, to indicate that a patient is a nursing home resident:**

Recognizing this may not be a high priority in the current environment, at some time in the future, would CMS consider adding a checkbox in EQRS for a facility to indicate that a patient is a nursing home resident? Doing so would help Networks to identify NH residents in emergency situations and would be a great asset to their work.

Ms. Rees reported that CMS has been discussing this task already and working with ISG to provide the reporting mechanism. There are no timelines but hope to be able to have more information soon.

**Transparency of data sharing between Dialysis Facilities and Nursing Homes regarding COVID Testing:**

Dr. Atkinson and Dr. Molony reported that it has been a challenge to receive COVID test results from their local nursing homes for dialysis patients; nursing homes are refusing to release this information. Recognizing that it is crucial to share this type of information during a pandemic, could CMS provide some guidance to the community? Also encouraging dialysis facilities to share testing results to nursing homes that care for dialysis patients.

Ms. Quinn acknowledged that CMS has been hearing reports about this and is working to address the issue of bilateral communication between nursing homes and dialysis facilities/healthcare providers. She will take this back to her team for additional discussion and action.

Ms. Quinn thanked Network/Forum leadership for their time and encouraged members to share additional issues by Monday each week so they can be reviewed and the appropriate CMS staff made available to review and provide updates during the weekly Wednesday call.

The call was adjourned at 4:30 pm ET.